ENTRY BLANK
PLEASE TYPE OR PRINT Entered previous May Shov
Ms. PATRICK K. CORRIGAN
Permanent 2749 Mayorapho Carre. Hs
Street City 44106 Tel. R16 932-2411
Zip Area Code
Temporary or Studio Address
Street City
Tel. ()
Zip Area Code
If you do not presently live in one of the counties of the Western Reserve, which county were you born in? Collaborator (If Any)
If May Show entries are not accepted or not sold: Artist will pick up at Museum. Museum should dispose of. Museum should ship to artist C.O.D. at this address:
Special Instructions When necessary include below instructions or a drawing of how the object is to be assembled and displayed.
This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until May 13, 1979.

The submission of objects will be construed as acceptance of all conditions printed in the entry information. Signature / lasting

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2 □ 1. Paintings □ 2. Graphics □ 3. Photography □ 4. Sculpture □ 5. Electric □ 6. Crafts								
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1979 MAY SHOW The Cleveland Museum of Art Cleveland, Ohio 44106

City & State

Dates for Pick-up of Objects

Rejected Objects: April 2 through 7

Accepted Objects: May 21 through 26

RATTACK	K Comisen
Name	0
2749 11	ALGIOTO KD.
Address	

Zip

DO NOT DETACH



NOTIFI	CATI	ONC	CAR	D #2
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1	☐ 1. Paintings☐ 4. Sculpture	☐ 2. Graphi		
Title /	ENCE			
DO NO	TWRITE IN THIS	s section 3)	ACCEPTED	REJECTED
2	☐ 1. Paintings ☐ 4. Sculpture	☐ 2. Graphi		
Title /	PORTRAIT			
DO NO	T WRITE IN THI	S SECTION	ACCEPTED	REJECTED

This is your only receipt to claim your object(s).

It is understood that the Museum will have the right to dispose for its own account any object not called for by the dates listed.